

FOR BOARD OF HEALTH

DATE RECEIVED:

DATE ISSUED:

PERMIT NO.
SWI -

YEAR 2018

APPLICATION FOR PERMIT TO OPERATE A POOL/HOT TUB/WATER SLIDE

CASH ☐CHECK ☐

NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE:
- Pools & Specialty Pools -

\$150 seasonal / \$250 year round

Application is hereby made for a permit to operate a public, semi-public, swimming, wading, specialty pool, hot tub, or water slide. This pool, tub, or slide is to be operated according to the minimum standards for swimming pools set forth in 105 CMR 435.000 Chapter V: Minimum Standards for Swimming Pools.

Date _____

Name of Establishment _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

NameTitleHome Address

REQUIRED – Name of CERTIFIED POOL OPERATOR:

NOTE: Please include a copy of Certified Pool Operator Certificate

Type of Pool:

Length:

Width:

Volume:

Water Source:

Sewage Disposal:

Maximum Bather Load:

Life Guards:

Treatment System (Kinds of Filters, etc.):

Disinfection Method ((Type, capacity, etc.):

Chemical Treatment (Feeders, capacity, quantity):

Name of Person in Charge

Email Address

Telephone Number

Signature of Individual or Corporate Name

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON